

Peace Corps  
Jordan



فرق السلام  
الأردن

## **JOB OPPORTUNITY ANNOUNCEMENT**

**Vacancy Number:** 116

**Position Title:** Peace Corps Medical Officer

**Opening Date:** June 3<sup>rd</sup>, 2012

**Closing Date:** July 5<sup>th</sup>, 2012

**Location:** Amman, Jordan

**Area of Consideration:** All Interested Candidates

**Work Hours:** Part-Time, 20 hours/week

The United States Peace Corps seeks a Medical Doctor, Nurse Practitioner or Physician Assistant to serve as a contracted Peace Corps Medical Officer (PCMO) based in Amman, Jordan. The part-time PCMO will provide health care to U.S. Peace Corps Volunteers in Jordan and will work under the supervision of the Peace Corps Country Director in Jordan and the Peace Corps Office of Medical Services in Washington DC.

### *Duties include:*

- Routine primary health care to Peace Corps Trainees and Volunteers including treatment of common illnesses and injuries in accordance with Peace Corps medical guidelines
- Individual short-term counseling on disease prevention, adjustment issues, stress management and cross-cultural problems
- Response to emergency medical situations
- Member of Senior Peace Corps staff in Jordan
- Design and presentation of health training sessions
- Site visits to Peace Corps Volunteers throughout Jordan
- Administrative tasks of the medical office including budget management
- Inventory of medical supplies and equipment
- Alternate 24 hour on- call duty with the other PCMO

### *Qualifications and Requirements: \**

- Graduate of accredited school
- MDs must be a graduate of a school listed in this link, Foundation for Advancement of International Medical Education and Research: <http://www.faimer.org/resources/imed.html>

- Current license to practice
- At least 3 years experience in a professional practice, general practice, hospital or clinic setting
- Ability to communicate effectively in oral /written English.
- Experience in managing mental health issues including counseling of patients
- Experience in training design and presentation of health related material
- Working knowledge of Microsoft Word, Excel, Access, Outlook
- Ability to work effectively as part of an intercultural team
- Hardworking, reliable and diligent with good inter-personal skills
- Willing to travel to sites in Jordan
- Ability to work with minimal supervision
- Be able to work 20 hours/week

*\* A Nurse Practitioner or Physician Assistant may be considered only if candidate were trained in the US or British Commonwealth system.*

Salary for this position is 8,771JODs/year, plus a standard benefits package.

Interested applicants for this position must submit the following or the application will not be considered:

1. A completed PCMO Application form, a completed PCMO applicant skills survey, a completed Privileging form. The applicant must complete this request for privileges depending on their professional qualifications.
2. A resume or C.V. that includes:
  - Professional positions held, identifying duties, responsibilities, dates of employment and reason for leaving
  - Education and training, identifying universities attended, dates of attendance, degrees and diplomas.
  - Professional licenses, certificates, registrations
  - An accounting for periods of unemployment longer than three months
3. Three professional medical references, with at least two being from medical colleagues who have directly observed the applicant in a clinical setting. (One must also be from the current employer.)
4. Photocopies of:

**Academic diplomas.** Please note, in addition to a copy of the academic diploma, the applicant must submit an official academic transcript and curriculum.

**Professional licenses.** If the license does not have an expiration date, written confirmation must be submitted directly from the issuing authority. Please note, if a license is not required, rather, the medical diploma is the license to practice, written confirmation, issued directly from the professional medical board, Ministry of Health or other appropriate regulatory authority establishing that the candidate is properly credentialed for medical practice, is required. If the medical license does not have an expiration date, written confirmation must be submitted directly from the issuing authority.

**Certificates** of all post graduate training, internships, residencies, fellowships

**Professional registrations**

5. A cover letter
6. Any other documentation (e.g., essays, certificates, awards, copies of degrees earned) that addresses the qualification requirements of the position as listed above.
7. The candidate should also provide the following:
  - a. Date of birth
  - b. Place of birth
  - c. Citizenship
  - d. Passport number
  - e. Passport issue date
  - f. Passport expiration date

All documents must be in English. Official translation is not required.

***Additional Comments:***

SECURITY REQUIREMENTS: A background security investigation will be required for all hires. Appointment will be a subject to the applicant's successful completion of a background security investigation and favorable adjudication.

**All the required forms mentioned above are included in this announcement, but if you need individual forms please contact [hr@jo.peacecorps.gov](mailto:hr@jo.peacecorps.gov)**

**SUBMIT APPLICATION TO**

Peace Corps Administrative Officer  
Jabal Amman, 4th Circle, Ibn Khaldoun St.,  
Building # 81, Abu Hassan Trading Center,  
Amman, Jordan

You may also email the required documents to [hr@jo.peacecorps.gov](mailto:hr@jo.peacecorps.gov) or Fax: 06 461 9351.

1. Applicants should indicate the vacancy announcement number on their application, email subject line, or on the envelope.
2. Due to the volume of applications received, receipt cannot be acknowledged individually.
3. Only applications received before the closing date will be eligible for consideration. Applications and letters, which are inadequate or incomplete, will not be considered. Only applicants selected for interviews will be contacted.

*The United States Peace Corps is an Equal Opportunity Employer.*

July 28, 2010

## PEACE CORPS MEDICAL OFFICER APPLICATION FORM

Name \_\_\_\_\_

SSN \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Available date \_\_\_\_\_

### Passport Information:

Passport Issuing Country \_\_\_\_\_

Passport Number \_\_\_\_\_

Passport issue date \_\_\_\_\_

Passport expiration date \_\_\_\_\_

1. List and attach a detailed description of all work experience over the past ten years, accounting for any periods of unemployment longer than three months. You may attach a signed resume or CV if it contains all the information requested below, including:

- work experience for the past ten years, including your current position
- full description of duties and responsibilities for each position
- start and end dates for each position held
- salary for each position
- number of persons supervised
- whether full or part time
- reason for leaving
- names and telephone numbers of supervisors
- volunteer positions
- languages spoken

2. **LICENSES** (Include photocopies of all current, active licenses.)

| Professional Title<br>and License number | State, Country | Issue Date | Expiration Date<br>(If there is no<br>expiration date,<br>include an<br>explanation). |
|--|----------------|------------|---|
|  |                |            |   |
|  |                |            |   |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**3. CERTIFICATIONS** (Include photocopies of all current certifications.)

| Professional Title | Certifying Authority | Issue Date | Expiration Date |
|--------------------|----------------------|------------|-----------------|
|                    |                      |            |                 |
|                    |                      |            |                 |
|                    |                      |            |                 |

**4. EDUCATION AND TRAINING**

Please list the undergraduate, graduate, nursing, or medical school you attended, dates attended, and degrees received. Include all physician internships, residencies, and fellowships. If this information is already included in the resume or C.V. you are attaching, it is not necessary to repeat it here.

| NAME AND ADDRESS OF INSTITUTION | FROM-TO | DEGREE | DATE AWARDED |
|---------------------------------|---------|--------|--------------|
|                                 |         |        |              |
|                                 |         |        |              |
|                                 |         |        |              |
|                                 |         |        |              |
|                                 |         |        |              |

**5.** Please answer the following questions. If you answer yes to any question, please include a typewritten explanation on a separate page.

- Has your license, certificate or registration to practice medicine or nursing ever been denied, revoked or restricted? yes \_\_\_\_ no \_\_\_\_

2. Is an action against your license, registration, or certificate pending at this time? yes \_\_\_\_ no \_\_\_\_
3. Have your privileges, membership, or employment at any hospital, medical or nursing institution ever been denied or suspended? yes \_\_\_\_ no \_\_\_\_
4. Is any action pending that would deny or suspend your privileges, membership or employment at a hospital, medical or nursing institution ? yes \_\_\_\_ no \_\_\_\_
5. Do you have a substance use history that may impair your ability to serve as a medical officer? yes \_\_\_\_ no \_\_\_\_
6. Has your narcotics license ever been restricted in any manner? yes \_\_\_\_ no \_\_\_\_
7. Have you ever been convicted of a criminal offense? yes \_\_\_\_ no \_\_\_\_
8. Are any legal actions against you pending at this time? yes \_\_\_\_ no \_\_\_\_
9. Have you ever been named a defendant in a malpractice action? yes \_\_\_\_ no \_\_\_\_
10. Have you ever been denied malpractice insurance or had your malpractice insurance canceled? yes \_\_\_\_ no \_\_\_\_
11. Have you ever received other than an honorable discharge from the military? yes \_\_\_\_ no \_\_\_\_
12. In the last 5 years have you:
- been fired from a job?
  - quit after being told you would be fired?
  - left a job by mutual agreement following allegation of misconduct?
  - left by mutual agreement following allegation of unsatisfactory performance?
  - left a job for other reasons under unfavorable circumstances?
- yes \_\_\_\_ no \_\_\_\_
13. Please account for any periods of unemployment longer than three months.

**Please use this space for explanation of any "yes" answers. Attach additional pages if necessary.**

**6. REFERENCES**

List names, addresses and telephone numbers of three professional references, one of whom is or was your immediate supervisor for the longest period during the past five years. These are the people to whom you must send the written reference form included with this application package. Make as many copies of the reference form as you need.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I consent to the release of information about me, and release from any liability for their statements all persons, corporations, and other entities who submit information to the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information that will help Peace Corps evaluate my professional competence, character, ethics, and other qualifications, and to resolve any doubts about my qualifications. I agree that I, as an applicant for affiliation with the Peace Corps, have the burden of producing and for resolving any doubts about such qualifications. If asked by Peace Corps, I consent to an interview to evaluate my professional and other qualifications. I understand that this information will be kept in confidence by the Peace Corps.

I certify that, to the best of my knowledge and belief, all of my statements made on this form, as well as on my resume or CV, and on all other documents submitted in connection with this application are true, correct, complete, and made in good faith.

Signature of applicant\_\_\_\_\_Date:\_\_\_\_\_

Name\_\_\_\_\_

## V. PCMO APPLICANT SKILLS SURVEY

Name \_\_\_\_\_ Date \_\_\_\_\_

Indicate your comfort level with each of the skills listed below by typing or printing an **X** in the appropriate column.

| SKILL   | <u>Level of comfort?</u> |          |     |                       |
|---|--------------------------|----------|-----|-----------------------|
|   | High                     | Moderate | Low | Do not feel competent |
| <b>I. Health Education and Prevention</b>                               |                          |          |     |                       |
| Individual patient education  |                          |          |     |                       |
| Planning and conducting group health education sessions (PST, IST, COS) |                          |          |     |                       |
| Development of health education handouts and newsletters                |                          |          |     |                       |
| Administration of immunizations (IM, SC)                                |                          |          |     |                       |
| Indications and contraindications for immunization for:                 |                          |          |     |                       |
| MMR, polio, tetanus   |                          |          |     |                       |
| Hepatitis B   |                          |          |     |                       |
| Typhoid, meningitis   |                          |          |     |                       |
| Administration and interpretation of PPD skin test (intradermal)        |                          |          |     |                       |
| INH therapy for PPD converters  |                          |          |     |                       |
| Selection of malaria prophylaxis  |                          |          |     |                       |
|   |                          |          |     |                       |
| <b>II. Clinical Care</b>  |                          |          |     |                       |
| Medical history for common health problems                              |                          |          |     |                       |
| Comprehensive medical history and review of systems                     |                          |          |     |                       |
| Comprehensive physical examination                                      |                          |          |     |                       |
| Monitoring and management of stable, chronic conditions                 |                          |          |     |                       |
| Coordinate referrals to specialist(s)                                   |                          |          |     |                       |
| Evaluation and stabilization for acute, severe illnesses                |                          |          |     |                       |
| Evaluation and stabilization for major trauma                           |                          |          |     |                       |
| SOAP note documentation   |                          |          |     |                       |



Name \_\_\_\_\_ Date \_\_\_\_\_

| SKILL   | <u>Level of comfort?</u> |          |     |                       |
|---|--------------------------|----------|-----|-----------------------|
|   | High                     | Moderate | Low | Do not feel competent |
| Specific examination skills:                      |                          |          |     |                       |
| Retinal (ophthalmoscopic)                         |                          |          |     |                       |
| Ear canal and drum                                |                          |          |     |                       |
| Oral exam (acute dental pain)                     |                          |          |     |                       |
| Chest (percussion and auscultation)               |                          |          |     |                       |
| Cardiac (murmurs)                                 |                          |          |     |                       |
| Breast  |                          |          |     |                       |
| Abdominal tenderness or masses                    |                          |          |     |                       |
| Rectal and prostate                               |                          |          |     |                       |
| Vaginal - visualization of cervix, PAP            |                          |          |     |                       |
| Vaginal - uterus, tubes, ovaries                  |                          |          |     |                       |
| Basic exam of major joints (shoulder, knee, etc.) |                          |          |     |                       |
| Neurologic status                                 |                          |          |     |                       |
| Mental status                                     |                          |          |     |                       |
| Phlebotomy (venous blood samples)                 |                          |          |     |                       |
| Administer IM medications                         |                          |          |     |                       |
| Administer IV medications                         |                          |          |     |                       |
| Insert IV catheters                               |                          |          |     |                       |
| Select and administer IV fluids                   |                          |          |     |                       |
| Insert urethral catheters                         |                          |          |     |                       |
| Incision and drainage of abscesses                |                          |          |     |                       |
| Basic suturing                                    |                          |          |     |                       |
| Biopsy (simple) of skin lesion                    |                          |          |     |                       |
| Application of casts and splints                  |                          |          |     |                       |
| Record ECGs                                       |                          |          |     |                       |
| Interpret:  |                          |          |     |                       |
| Lab reports (chemistry, serology, hematology)     |                          |          |     |                       |
| Chest xray films                                  |                          |          |     |                       |
| Xray films of common fractures/etc                |                          |          |     |                       |
| ECG tracings                                      |                          |          |     |                       |
| Contraceptive counseling                          |                          |          |     |                       |
| STD/HIV risk counseling                           |                          |          |     |                       |

Name \_\_\_\_\_ Date \_\_\_\_\_

| SKILL   | <u>Level of comfort?</u> |          |     |                       |
|---|--------------------------|----------|-----|-----------------------|
|   | High                     | Moderate | Low | Do not feel competent |
| Clinical management of:   |                          |          |     |                       |
| Common skin disorders   |                          |          |     |                       |
| Abrasions and burns   |                          |          |     |                       |
| Upper respiratory tract infections  |                          |          |     |                       |
| Allergic rhinitis   |                          |          |     |                       |
| Asthma (outpatient)   |                          |          |     |                       |
| Pneumonia   |                          |          |     |                       |
| Hypertension  |                          |          |     |                       |
| Diarrhea  |                          |          |     |                       |
| Gastroenteritis/gastritis   |                          |          |     |                       |
| Urinary tract infections  |                          |          |     |                       |
| Menstrual disorders   |                          |          |     |                       |
| Prenatal care (uncomplicated)   |                          |          |     |                       |
| Vaginal discharge   |                          |          |     |                       |
| STDs  |                          |          |     |                       |
| Forensic evidence collection post sexual assault                              |                          |          |     |                       |
| Musculoskeletal back pain   |                          |          |     |                       |
| Minor orthopedics   |                          |          |     |                       |
| Anemia  |                          |          |     |                       |
| Diabetes  |                          |          |     |                       |
| Hypothyroidism  |                          |          |     |                       |
| Seizure disorders   |                          |          |     |                       |
| Acute febrile illness   |                          |          |     |                       |
| Pulmonary TB (active)   |                          |          |     |                       |
| In general, do you provide or prescribe medications for the above conditions: |                          |          |     |                       |
| via written guidelines  |                          |          |     |                       |
| via consultation with MD  |                          |          |     |                       |
| via personal knowledge and experience   |                          |          |     |                       |
|   |                          |          |     |                       |
|   |                          |          |     |                       |
| <b>III. Mental Health Support</b>   |                          |          |     |                       |
| Evaluation/limited counseling for:  |                          |          |     |                       |
| Interpersonal problems  |                          |          |     |                       |
| Anxiety   |                          |          |     |                       |
| Depressed mood  |                          |          |     |                       |
| Alcohol or drug abuse   |                          |          |     |                       |

Name \_\_\_\_\_ Date \_\_\_\_\_

| SKILL   | <u>Level of comfort?</u> |          |     |                       |
|---|--------------------------|----------|-----|-----------------------|
|   | High                     | Moderate | Low | Do not feel competent |
| Acute depression  |                          |          |     |                       |
| Panic attacks   |                          |          |     |                       |
| Suicidal ideation   |                          |          |     |                       |
| Psychosis   |                          |          |     |                       |
|   |                          |          |     |                       |
| <b>IV. Administration and Program Management</b>  |                          |          |     |                       |
| Maintaining medical confidentiality   |                          |          |     |                       |
| Planning and budgeting  |                          |          |     |                       |
| Medical supplies and pharmacy inventory management  |                          |          |     |                       |
| Hospital/clinic assessment  |                          |          |     |                       |
| Physician/consultant assessment   |                          |          |     |                       |
| Planning and conducting prevention programs (screening programs, smoking cessation, etc.) |                          |          |     |                       |
| Reporting of cases for epidemiological/public health analysis                             |                          |          |     |                       |

Additional comments:

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## Privileges for Peace Corps Medical Officers --Physicians

Name: \_\_\_\_\_

*Please Print Your Name and Credential*

### **PRIVILEGES REQUESTED**

- ☐ **Core Privileges** – Privileges to provide treatment for conditions that fall within the typical scope of an MD or DO.
- ☐ **Additional Privileges** – Privileges to provide treatment for conditions that fall outside of the typical scope of a MD or DO.

### **QUALIFICATIONS FOR PRIVILEGES**

*To be eligible for core privileges, the MD or DO applicant must meet the following qualifications.*

- Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; **OR**
- A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States, plus Education Commission Foreign Medical Graduate (ECFMG) certification and/or graduation from a school listed in the Foundation for Advancement of International Medical Education and Research (FAIMER)  
<http://www.faimer.org/resources/imed.html>
- Validation of foreign medical school accreditation
- Valid clinical MD or DO licensure
- Applicable knowledge and experience

### **CORE PRIVILEGES**

#### **Privileges included in the Core:\*\***

Privileges that fall within the typical scope of a MD or DO practice include:

(\*\*Please strike out any non-proficient privileges)

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Patient triage</li><li>• Initiate life support when necessary</li><li>• Maintain an adult immunization program</li><li>• Maintain current, complete clinical records in SOAP</li><li>• Adhere to Peace Corps Medical Technical Guidelines</li><li>• Accompany medevacs when indicated</li><li>• Provide emotional support and short-term counseling</li><li>• Provide health education to Trainees/Volunteers</li><li>• Perform administrative functions of the health unit</li><li>• Accrue 20 or more hours of continuing education annually</li><li>• Perform comprehensive patient history taking and physical exams including pelvic exams/ pap smears</li><li>• Assess, diagnose, and manage acute and chronic clinical issues</li><li>• Toenail Removal</li><li>• Anoscopy</li><li>• Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines</li><li>• Serve as a clinical prescriber for PCMO-RNs</li><li>• Serve as a clinical advisor for PCMO-NPs or PAs</li></ul> | <ul style="list-style-type: none"><li>• Peripheral venipuncture for lab work and IV administration of meds</li><li>• PPD placement and reading</li><li>• Preparation of thick and thin malaria smears</li><li>• Pulse oximeter and PEAK flow reading</li><li>• EKG tracing and interpretation</li><li>• Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.</li><li>• Basic microscopy including UAs, wet mounts, stool</li><li>• Urethral catheterization</li><li>• Local infiltration anesthesia</li><li>• Simple laceration repair/I &amp; D's</li><li>• Punch/Excisional/Shave biopsy</li><li>• Needle aspiration for culture</li><li>• Wart ablation on extremities</li></ul> |
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### ADDITIONAL PRIVILEGES REQUESTED

To be eligible for a privilege listed below, the applicant must be able to demonstrate and/or document competence in performing any requested procedure.

| Requested                | PROCEDURE | ADDITIONAL CREDENTIALING CRITERIA<br>(if applicable) | # of cases performed in<br>2 yrs ** |
|--------------------------|-----------|--|-------------------------------------|
| <input type="checkbox"/> |           |  |                                     |
| <input type="checkbox"/> |           |  |                                     |
| <input type="checkbox"/> |           |  |                                     |
| <input type="checkbox"/> |           |  |                                     |

**\*\* On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting.**

### ACKNOWLEDGEMENT OF PRACTITIONER:

*I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise as a Peace Corps Medical Officer and a MD or DO.*

*I understand that in exercising any clinical privileges granted, I am constrained by Peace Corps Office of Volunteer Support policies and rules applicable generally, and any applicable to the particular situation.*

Applicant Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

*Please Sign Your Name*

### CLINICAL SERVICE RECOMMENDATION:

#### Core Privileges

- ☐ Recommend
- ☐ Recommend with the following modification(s) and reason(s): \_\_\_\_\_
- ☐ Denied
- ☐ Suspended
- ☐ Revoked

#### Additional Privileges

- ☐ Denied
- ☐ Recommend
- ☐ Recommend with the following modification(s) and reason(s): \_\_\_\_\_

*I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:*

\_\_\_\_\_  
Signature  
Chair, Credentialing Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Medical Director, Office of Volunteer Support

\_\_\_\_\_  
Date

**STANDARD REFERENCE FORM**  
**For Peace Corps Medical Officer Applicants**

**To be completed by a medical colleague who has directly observed the applicant in a clinical setting.**

I am applying for a contract as a Peace Corps Medical Officer (PCMO). The application process requires that I obtain professional references using this form, and that the individuals supplying references return the completed form directly to:

The local Peace Corps office if applying from overseas;

Or if applying within the United States to:

Paul D. Coverdell Peace Corps Headquarters  
Office of Medical Services  
1111 20th St. NW  
Washington, DC 20526  
Attention: PCMO Program Coordinator, Fax: 202.692.1596

I consent to the release of information about me to the Peace Corps and have signed below. I release from any liability for their statements, all persons, corporations, and other entities who submit information at the request of the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information for the purpose of accurate evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_

Please complete all parts of this form and return it at your earliest convenience. If you need more space, please use a separate sheet of paper. Information you provide will be reviewed by selection panels, including Peace Corps Country Directors who are considering the applicant.

**VERIFICATION**

In what capacity do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_

The applicant was/is affiliated with

\_\_\_\_\_  
(institution)

in the capacity of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Actions taken: If you answer "yes" to any of the questions, please provide a typewritten explanation on a separate page.

| Question   | Yes | No |
|--|-----|----|
| 1. During the time noted above, has this provider ever been subject to any disciplinary action, e.g. monitoring, changes in clinical privileges? |     |    |
| 2. To the best of your knowledge, has the applicant ever been under investigation by any legal or professional entities?                         |     |    |
| 3. To the best of your knowledge, have there been, or are there now, any malpractice actions against this provider?                              |     |    |
| 4. If this provider left your organization, were any actions taken against him/her?  |     |    |

## EVALUATION

Please rank the applicant's skills and abilities using the following formula:

- 4 Superior
- 3 Good
- 2 Needs improvement
- 1 Poor
- NI No information or insufficient information to make a judgment

### I. Prevention/Health Education. The Applicant:

\_\_\_\_ Designs and conducts substantial prevention and health education programs.

### II. Clinical Care. The Applicant:

\_\_\_\_ Provides primary care for common illnesses and injuries.

\_\_\_\_ Demonstrates clinical competence

\_\_\_\_ Demonstrates technical skill

\_\_\_\_ Uses professional judgment

- \_\_\_\_\_ Provides appropriate case management
- \_\_\_\_\_ Maintains good patient relationships
- \_\_\_\_\_ Arranges prompt referrals as indicated (and where possible)
- \_\_\_\_\_ Makes appropriate decisions with respect to medical evacuations.
- \_\_\_\_\_ Arranges and accompanies clients on medical evacuations as required.
- \_\_\_\_\_ Provides 24-hour on-call support.

### **III. Mental Health Support. The Applicant:**

- \_\_\_\_\_ Provides a significant amount of effective mental health and emotional support to clients, following established guidelines.
- \_\_\_\_\_ Evaluates and manages clients with real or suspected alcohol/substance abuse problems, following established guidelines.

### **IV. Program Management. The Applicant:**

- \_\_\_\_\_ Maintains current, complete and accurate documentation in medical records.
- \_\_\_\_\_ Understands and follows rules of medical confidentiality.
- \_\_\_\_\_ Is capable of projecting and planning for Volunteer health system needs annually, managing and accounting for a budget, and maintaining pharmaceutical, medical supply, and equipment inventories.
- \_\_\_\_\_ Participates fully as a member of the staff.
- \_\_\_\_\_ Works and communicate well with others.

|  |     |    |
|--|-----|----|
| If this provider left your organization, did s/he do so voluntarily? | Yes | No |
|--|-----|----|

### **ADDITIONAL INFORMATION**

To the best of your knowledge, is there anything that may adversely affect the applicant's ability to fulfill the roles and responsibilities of the PCMO? It is likely that these responsibilities will include traveling, working, and living in remote, isolated areas of the developing world. It is possible that the PCMO may be the only western-trained health care provider in the area.

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## RECOMMENDATION

\_\_\_\_\_ I recommend this individual without reservation.

\_\_\_\_\_ I recommend this individual with the following reservation(s):

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\_\_\_\_\_ I do not recommend this individual for the following reason(s):

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My general opinion of the applicant is:

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Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

I can be contacted by telephone at: \_\_\_\_\_